

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
*Ref: Appeals Board
Commissioner for Patents
USPTO
P.O. Box 1450
Alexandria VA 22313
-1450.*

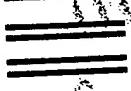
COMPLETE THIS SECTION ON DELIVERY

A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery restricted? <input checked="" type="checkbox"/> Yes If YES, enter delivery address: RECEIVED APR 13 2009	
USPTO MAIL CENTER	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number
(Transfer from serv.)
7007 3020 0002 9441 0841

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Delivery No. G-10



• Sender: Please print your name, address, and ZIP+4 in this box.

Rajashan
Millennium in Groves
P.O. Box 34512
Beltside MD 20827

10517